

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT 2.4-A ADDENDUM
ELECTION FORM for THIRD PARTY ADMINISTRATORS or
ADMINISTRATIVE SERVICES ONLY ORGANIZATIONS**

For an entity acting as a third-party administrator (TPA)/administrative services only (ASO) organization, the following addendum to Attachment #2.4 must be filed for any electing direct payor clients, which are being **added** to the original election submission filed.

TPA Name: _____ **TPA Federal ID #:** _____

Contact Person: _____ **Phone #:** _____

Effective Date: _____

ADDITIONS:

For each organization being **added**, include a separate Election Form (Attachment #2), Product Line Identifier Information Form (Attachment #2.1), and Report of Number of Covered Lives (Attachment #2.2)¹.

List those organizations you represent, and are **adding** to the original election submission, that elect to make direct payments to the Department's Office of Pool Administration. **List the legal name for all organizations alphabetically including the federal ID # for each organization.** Attach additional sheets if necessary.

ORGANIZATION NAME (Legal Name)	ORGANIZATION FEDERAL ID #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signature below, the third party administrator on behalf of the direct payor clients listed above who have elected to make public goods surcharge payments directly to the Department's Office of Pool Administration, certifies that its original election certification continues and is extended to encompass the newly represented clients listed above.

Signature _____ **Date** _____

¹ Unless the organization previously filed an election application and is on the NYS Department of Health's Website (www.health.state.ny.us/nysdoh/hcra/hcrahome.htm) elector list.